



HEALTH QUARTERLY STATEMENT

AS OF MARCH 31, 2004  
OF THE CONDITION AND AFFAIRS OF THE

CAPE HEALTH PLAN, INC.

NAIC Group Code	0000	0000	NAIC Company Code	95759	Employer's ID Number	38-2455176
	(Current Period)	(Prior Period)				
Organized under the Laws of	Michigan			State of Domicile or Port of Entry	Michigan	
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health [ ]      Property/Casualty [ ]      Dental Service Corporation [ ] Vision Service Corporation [ ]      Other [ ]      Health Maintenance Organization [ X ] Hospital, Medical & Dental Service or Indemnity [ ]      Is HMO, Federally Qualified? Yes [ ] No [ X ]					
Date Incorporated	04/29/1982		Commenced Business	04/29/1982		
Statutory Home Office	26711 Northwestern Highway, Suite 300			Southfield, MI 48034		
	(Street and Number)			(City or Town, State and Zip Code)		
Main Administrative Office	26711 Northwestern Highway, Suite 300		Southfield, MI 48034	248-386-3000		
	(Street and Number)		(City or Town, State and Zip Code)	(Area Code) (Telephone Number)		
Mail Address	26711 Northwestern Highway, Suite 300			Southfield, MI 48034		
	(Street and Number or P.O. Box)			(City or Town, State and Zip Code)		
Primary Location of Books and Records	26711 Northwestern Highway, Suite 300		Southfield, MI 48034	248-386-3000-3003		
	(Street and Number)		(City or Town, State and Zip Code)	(Area Code) (Telephone Number)		
Internet Website Address	www.capehealth.com					
Statutory Statement Contact	Thomas A. Murar			248-386-3000-3003		
	(Name)			(Area Code) (Telephone Number) (Extension)		
	tmurar@capehealth.com			248-945-9149		
	(E-mail Address)			(FAX Number)		
Policyowner Relations Contact	26711 Northwestern Highway		Southfield, MI 48034	248-386-3003		
	(Street and Number)		(City or Town, State and Zip Code)	(Area Code) (Telephone Number) (Extension)		

OFFICERS

Name	Title	Name	Title
Nancy Wanchik	President & Chief Operating Officer	Ralph Woronoff	Treasurer
William Brodhead	Secretary		

OTHER OFFICERS

Steve Stein MD	Medical Director	Michele Lundberg	Chief Compliance Officer
Thomas Murar	Chief Financial Officer	Rodger Prong	VP HR & Provider Services

DIRECTORS OR TRUSTEES

Nancy Wanchik	William Brodhead	Ralph Woronoff	Janis Coleman
Susan Sarin	Etrue Bryant	Shirley Lightsey	Thomas Murar
Shirley Salazar			

State of Michigan  
County of Maccomb SS

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Nancy Wanchik  
President & Chief Operating Officer

Susan Sarin  
Chief Executive Officer

Thomas Murar  
Chief Financial Officer

Subscribed and sworn to before me this  
May 13, 2004

Linda Rusie, Notary Public  
03/26/2007

a. Is this an original filing? Yes [ X ] No [ ]  
b. If no,  
1. State the amendment number  
2. Date filed 05/13/2004  
3. Number of pages attached

STATEMENT AS OF MARCH 31, 2004 OF THE CAPE HEALTH PLAN, INC.

ASSETS

	Current Statement Date			4  December 31 Prior Year Net Admitted Assets
	1  Assets	2  Nonadmitted Assets	3  Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....	1,000,000		1,000,000	1,000,000
2. Stocks:				
2.1 Preferred stocks .....			0	0
2.2 Common stocks .....			0	0
3. Mortgage loans on real estate:				
3.1 First liens .....			0	0
3.2 Other than first liens .....			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ ..... encumbrances) .....	45,060	20,277	24,783	41,037
4.2 Properties held for the production of income (less \$ ..... encumbrances) .....			0	0
4.3 Properties held for sale (less \$ ..... encumbrances) .....			0	0
5. Cash (\$ .....28,472,659 ), cash equivalents (\$ ..... ) and short-term investments (\$ .....0 ) .....	28,472,659		28,472,659	30,305,014
6. Contract loans, (including \$ .....premium notes) .....			0	0
7. Other invested assets .....	0	0	0	0
8. Receivable for securities .....			0	0
9. Aggregate write-ins for invested assets .....	3,125	0	3,125	3,125
10. Subtotals, cash and invested assets (Lines 1 to 9) .....	29,520,843	20,277	29,500,566	31,349,176
11. Investment income due and accrued .....			0	0
12. Premiums and considerations:				
12.1 Uncollected premiums and agents' balances in the course of collection .....			0	0
12.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ .....earned but unbilled premiums) .....			0	0
12.3 Accrued retrospective premiums .....			0	0
13. Reinsurance:				
13.1 Amounts recoverable from reinsurers .....			0	0
13.2 Funds held by or deposited with reinsured companies .....			0	0
13.3 Other amounts receivable under reinsurance contracts .....			0	0
14. Amounts receivable relating to uninsured plans .....			0	0
15.1 Current federal and foreign income tax recoverable and interest thereon .....			0	0
15.2 Net deferred tax asset .....			0	0
16. Guaranty funds receivable or on deposit .....			0	0
17. Electronic data processing equipment and software .....	419,535	40,542	378,994	375,782
18. Furniture and equipment, including health care delivery assets (\$ ..... ) .....	183,564	82,604	100,960	167,810
19. Net adjustment in assets and liabilities due to foreign exchange rates .....			0	0
20. Receivables from parent, subsidiaries and affiliates .....			0	0
21. Health care (\$ ..... ) and other amounts receivable .....	2,217,130		2,217,130	1,144,598
22. Other assets nonadmitted .....	333,451	333,451	0	0
23. Aggregate write-ins for other than invested assets .....	0	0	0	0
24. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23)	32,674,523	476,873	32,197,650	33,037,366
25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
26. Total (Lines 24 and 25)	32,674,523	476,873	32,197,650	33,037,366
<b>DETAILS OF WRITE-INS</b>				
0901. Security Deposit .....	3,125		3,125	3,125
0902. ....				
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above)	3,125	0	3,125	3,125
2301. Federal Income Tax .....			0	0
2302. SBT .....			0	0
2303. Leasehold Improvement .....			0	0
2398. Summary of remaining write-ins for Line 23 from overflow page .....	0	0	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398)(Line 23 above)	0	0	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ ..... reinsurance ceded)	14,319,673		14,319,673	15,900,995
2. Accrued medical incentive pool and bonus amounts .....	599,209		599,209	1,200,000
3. Unpaid claims adjustment expenses .....			0	0
4. Aggregate health policy reserves .....			0	0
5. Aggregate life policy reserves .....			0	0
6. Property/casualty unearned premium reserve .....			0	0
7. Aggregate health claim reserves .....			0	0
8. Premiums received in advance .....			0	0
9. General expenses due or accrued .....	5,248,518		5,248,518	5,234,347
10.1 Current federal and foreign income tax payable and interest thereon (including \$ .....380,190 on realized capital gains (losses)) .....	380,190		380,190	54,355
10.2 Net deferred tax liability.....	100,072		100,072	100,072
11. Ceded reinsurance premiums payable .....			0	0
12. Amounts withheld or retained for the account of others .....			0	0
13. Remittances and items not allocated .....			0	0
14. Borrowed money (including \$ ..... current) and interest thereon \$ ..... (including \$ ..... current) .....			0	0
15. Amounts due to parent, subsidiaries and affiliates .....			0	0
16. Payable for securities .....			0	0
17. Funds held under reinsurance treaties with (\$ ..... authorized reinsurers and \$ .....unauthorized reinsurers) .....			0	0
18. Reinsurance in unauthorized companies .....			0	0
19. Net adjustments in assets and liabilities due to foreign exchange rates .....			0	0
20. Liability for amounts held under uninsured accident and health plans .....			0	0
21. Aggregate write-ins for other liabilities (including \$ ..... current) .....	0	0	0	0
22. Total liabilities (Lines 1 to 21).....	20,647,662	0	20,647,662	22,489,769
23. Common capital stock .....	XXX	XXX	1,000	1,000
24. Preferred capital stock .....	XXX	XXX		0
25. Gross paid in and contributed surplus .....	XXX	XXX		0
26. Surplus notes .....	XXX	XXX		0
27. Aggregate write-ins for other than special surplus funds .....	XXX	XXX	0	0
28. Unassigned funds (surplus) .....	XXX	XXX	11,548,987	10,546,597
29. Less treasury stock, at cost:				
29.1 .....shares common (value included in Line 23) \$ ..... ) .....	XXX	XXX		0
29.2 .....shares preferred (value included in Line 24) \$ ..... ) .....	XXX	XXX		0
30. Total capital and surplus (Lines 23 to 28 minus Line 29) .....	XXX	XXX	11,549,987	10,547,597
31. Total liabilities, capital and surplus (Lines 22 and 30)	XXX	XXX	32,197,650	33,037,366
DETAILS OF WRITE-INS				
2101. Accrued Expenses.....			0	0
2102. Accrued PTO.....			0	0
2103. Deferred Income Tax.....			0	0
2198. Summary of remaining write-ins for Line 21 from overflow page .....	0	0	0	0
2199. Totals (Lines 2101 thru 2103 plus 2198) (Line 21 above)	0	0	0	0
2701. ....	XXX	XXX		
2702. ....	XXX	XXX		
2703. ....	XXX	XXX		
2798. Summary of remaining write-ins for Line 27 from overflow page .....	XXX	XXX	0	0
2799. Totals (Lines 2701 thru 2703 plus 2798) (Line 27 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	197,267	168,505
2. Net premium income (including ..... non-health premium income).....	XXX	34,620,520	27,059,714
3. Change in unearned premium reserves and reserve for rate credits .....	XXX		0
4. Fee-for-service (net of \$ ..... medical expenses) .....	XXX		0
5. Risk revenue .....	XXX		0
6. Aggregate write-ins for other health care related revenues .....	XXX	(1,895,216)	0
7. Aggregate write-ins for other non-health revenues .....	XXX	0	0
8. Total revenues (Lines 2 to 7) .....	XXX	32,725,304	27,059,714
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits .....		17,075,527	14,563,465
10. Other professional services .....		5,096,683	4,323,998
11. Outside referrals .....			0
12. Emergency room and out-of-area .....		2,171,502	1,465,884
13. Prescription drugs .....		4,413,707	3,853,590
14. Aggregate write-ins for other hospital and medical.....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....		280,000	150,000
16. Subtotal (Lines 9 to 15) .....	0	29,037,419	24,356,936
<b>Less:</b>			
17. Net reinsurance recoveries .....			0
18. Total hospital and medical (Lines 16 minus 17) .....	0	29,037,419	24,356,936
19. Non-health claims .....			0
20. Claims adjustment expenses, including \$ ..... cost containment expenses.....		168,500	(13,912)
21. General administrative expenses.....		2,200,596	2,470,952
22. Increase in reserves for life and accident and health contracts including \$ ..... increase in reserves for life only).....			0
23. Total underwriting deductions (Lines 18 through 22) .....	0	31,406,514	26,813,976
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	1,318,790	245,738
25. Net investment income earned .....		54,303	78,901
26. Net realized capital gains (losses) .....			0
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	54,303	78,901
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ ..... ) (amount charged off \$ ..... )] .....			0
29. Aggregate write-ins for other income or expenses .....	0	0	0
30. Net income or (loss) before federal income taxes (Lines 24 plus 27 plus 28 plus 29) .....	XXX	1,373,093	324,640
31. Federal and foreign income taxes incurred .....	XXX	438,850	110,380
32. Net income (loss) (Lines 30 minus 31) .....	XXX	934,243	214,260
<b>DETAILS OF WRITE-INS</b>			
0601. Provider Tax (QAAP).....	XXX	(1,895,216)	0
0602. ....	XXX		
0603. ....	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above) .....	XXX	(1,895,216)	0
0701. ....	XXX		
0702. ....	XXX		
0703. ....	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX	0	0
0799. Totals (Lines 0701 thru 0703 plus 0798) (Line 7 above) .....	XXX	0	0
1401. ....			
1402. ....			
1403. ....			
1498. Summary of remaining write-ins for Line 14 from overflow page .....	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above) .....	0	0	0
2901. ....			
2902. ....			
2903. ....			
2998. Summary of remaining write-ins for Line 29 from overflow page .....	0	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above) .....	0	0	0

CAPITAL AND SURPLUS ACCOUNT

	1 Current Year to Date	2 Prior Year
<b>CAPITAL AND SURPLUS ACCOUNT:</b>		
33. Capital and surplus prior reporting year.....	10,547,597	6,880,248
<b>GAINS AND LOSSES TO CAPITAL &amp; SURPLUS:</b>		
34. Net income or (loss) from Line 32 .....	934,243	3,908,349
35. Change in valuation basis of aggregate policy and claim reserves .....		0
36. Net unrealized capital gains and losses .....		0
37. Change in net unrealized foreign exchange capital gain or (loss) .....		0
38. Change in net deferred income tax .....		0
39. Change in nonadmitted assets .....	68,147	(241,000)
40. Change in unauthorized reinsurance .....	0	0
41. Change in treasury stock .....		0
42. Change in surplus notes .....	0	0
43. Cumulative effect of changes in accounting principles .....		0
44. Capital Changes:		
44.1 Paid in .....		0
44.2 Transferred from surplus (Stock Dividend) .....		0
44.3 Transferred to surplus .....		0
45. Surplus adjustments:		
45.1 Paid in .....		0
45.2 Transferred to capital (Stock Dividend) .....	0	0
45.3 Transferred from capital .....		0
46. Dividends to stockholders .....		0
47. Aggregate write-ins for gains or (losses) in surplus .....	0	0
48. Net change in capital & surplus (Lines 34 to 47) .....	1,002,391	3,667,349
49. Capital and surplus end of reporting period (Line 33 plus 48)	11,549,987	10,547,597
<b>DETAILS OF WRITE-INS</b>		
4701. ....		
4702. ....		
4703. ....		
4798. Summary of remaining write-ins for Line 47 from overflow page .....	0	0
4799. Totals (Lines 4701 thru 4703 plus 4798) (Line 47 above)	0	0

CASH FLOW

	1 Current Year To Date	2 Prior Year Ended December 31
<b>Cash from Operations</b>		
1. Premiums collected net of reinsurance.....	34,620,520	125,390,275
2. Net investment income .....	54,303	263,407
3. Miscellaneous income .....	(1,895,216)	(4,790,497)
4. Total (Lines 1 to 3) .....	32,779,607	120,863,185
5. Benefits and loss related payments .....	32,292,064	101,200,821
6. Net transfers to Separate, Segregated Accounts and Protected Cell Accounts.....		0
7. Commissions, expenses paid and aggregate write-ins for deductions .....	2,354,924	11,138,968
8. Dividends paid to policyholders .....		0
9. Federal and foreign income taxes paid (recovered) \$ ..... net of tax on capital gains (losses)	113,015	1,575,112
10. Total (Lines 5 through 9) .....	34,760,003	113,914,901
11. Net cash from operations (Line 4 minus Line 10) .....	(1,980,395)	6,948,284
<b>Cash from Investments</b>		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds .....	0	894,000
12.2 Stocks .....	0	0
12.3 Mortgage loans .....	0	0
12.4 Real estate .....	0	0
12.5 Other invested assets .....	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	0	0
12.7 Miscellaneous proceeds .....	3,219	12,874
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	3,219	906,874
13. Cost of investments acquired (long-term only):		
13.1 Bonds .....	0	890,000
13.2 Stocks .....	0	0
13.3 Mortgage loans .....	0	0
13.4 Real estate .....	0	0
13.5 Other invested assets .....	0	0
13.6 Miscellaneous applications .....	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	0	890,000
14. Net increase (or decrease) in policy loans and premium notes .....	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....	3,219	16,874
<b>Cash from Financing and Miscellaneous Sources</b>		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes .....	0	0
16.2 Capital and paid in surplus, less treasury stock.....	0	0
16.3 Borrowed funds .....	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0
16.5 Dividends to stockholders .....	0	0
16.6 Other cash provided (applied).....	144,821	(122,130)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) .....	144,821	(122,130)
<b>RECONCILIATION OF CASH AND SHORT-TERM INVESTMENTS</b>		
18. Net change in cash and short-term investments (Line 11 plus Lines 15 and 17) .....	(1,832,355)	6,843,028
19. Cash and short-term investments:		
19.1 Beginning of period .....	30,305,014	23,461,986
19.2 End of period (Line 18 plus Line 19.1) .....	28,472,659	30,305,014

STATEMENT AS OF MARCH 31, 2004 OF THE CAPE HEALTH PLAN, INC.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
		2	3										
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
<b>Total Members at end of:</b>													
1. Prior Year .....	63,963	0	0	0	0	0	0	0	63,963	0	0	0	0
2. First Quarter .....	66,333								66,333				
3. Second Quarter .....	0												
4. Third Quarter .....	0												
5. Current Year	0												
6. Current Year Member Months	197,267								197,267				
<b>Total Member Ambulatory Encounters for Period:</b>													
7. Physician .....	47,769								47,769				
8. Non-Physician .....	31,362								31,362				
9. Total	79,131	0	0	0	0	0	0	0	79,131	0	0	0	0
10. Hospital Patient Days Incurred	8,495								8,495				
11. Number of Inpatient Admissions	1,770								1,770				
12. Health Premiums Written .....	32,725,304								32,725,304				
13. Life Premiums Direct.....	0												
14. Property/Casualty Premiums Written .....	0												
15. Health Premiums Earned .....	32,725,304								32,725,304				
16. Property/Casualty Premiums Earned .....	0												
17. Amount Paid for Provision of Health Care Services .....	31,219,532								31,219,532				
18. Amount Incurred for Provision of Health Care Services	29,037,419								29,037,419				

**STATEMENT AS OF MARCH 31, 2004 OF THE CAPE HEALTH PLAN, INC.**

## CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

[illegible]



UNDERWRITING AND INVESTMENT EXHIBIT  
ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5  Claims Incurred in Prior Years (Columns 1 + 3)	6  Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
	1  On Claims Incurred Prior to January 1 of Current Year	2  On Claims Incurred During the Year	3  On Claims Unpaid Dec. 31 of Prior Year	4  On Claims Incurred During the Year		
1. Comprehensive (hospital & medical) .....					0	0
2. Medicare Supplement .....					0	0
3. Dental Only .....					0	0
4. Vision Only .....					0	0
5. Federal Employees Health Benefits Plan .....					0	0
6. Title XVIII - Medicare .....					0	0
7. Title XIX - Medicaid .....	12,678,603	17,660,138	2,522,392	11,797,281	15,200,995	15,900,995
8. Other Health .....					0	0
9. Health Subtotal (Lines 1 to 8).....	12,678,603	17,660,138	2,522,392	11,797,281	15,200,995	15,900,995
10. Other non-health .....					0	0
11. Medical incentive pools and bonus amounts .....	880,791		319,209	280,000	1,200,000	1,200,000
12. Totals	13,559,393	17,660,138	2,841,602	12,077,281	16,400,995	17,100,995

NOTES TO FINANCIAL STATEMENTS

These statements have not been completed in accordance with the NAIC Accounting Practices and Procedures Manual. The Commissioner of the State of Michigan Office of Financial and Insurance Services issued the following notification regarding reporting:

By Order 00-086-M dated November 15, 2000, the Commissioner adopted the NAIC Accounting Practices and Procedures Manual effective January 1, 2001, including appendices A - F and excluding Actuarial Guideline XXXV in Appendix C. This order applied to fire and casualty insurers, life, accident, and health insurers, non-U.S. insurers, title insurers and fraternal benefit societies. For health maintenance organizations and alternative financing and delivery systems and dental service corporations, the Commissioner had delayed adoption of the NAIC Accounting Practices and Procedures Manual with an effective date of January 1, 2002. Effective January 1, 2003, these procedures were adopted to be applied to HMOs in a phased manner. Following are the salient features, per letter dated December 4, 2002, of the transitional application of these procedures:

- 1) SSAP 16: Electronic Data Processing Equipment and Software:  
The aggregate amount of admitted EDP equipment and operating system software (net of depreciation) shall be limited to the following percentage of the reporting entity's capital and surplus:
- |                           |     |
|---------------------------|-----|
| Effective January 1, 2003 | 25% |
| Effective January 1, 2004 | 15% |
| Effective January 1, 2005 | 5%  |

Effective January 1, 2006, the requirements of SSAP 16 will be fully adopted.

- 2) SSAP 19: Furniture and Equipment; Leasehold Improvements Paid by the Reporting Entity as Lessee; Depreciation of Property and Amortization of Leasehold Improvements  
The reporting entity will be permitted to report as an admitted asset the following percentage of its book value of furniture and equipment and leasehold improvements:
- |                           |     |
|---------------------------|-----|
| Effective January 1, 2003 | 85% |
| Effective January 1, 2004 | 55% |
| Effective January 1, 2005 | 25% |

Effective January 1, 2006, the requirements of SSAP 19 will be fully adopted.

- 3) SSAP 84: Certain Health Care Receivables and Receivables Under Government Insured Plans  
  
Loans or advances to large hospitals or other providers are not permitted.
- SSAP 84 assumes states would adopt codification effective 2001 and therefore, NAIC transitions no longer apply effective January 1, 2003. OFIS will extend these transitions another year. For pharmaceuticals and risk sharing receivables, the transitions will expire on invoices prior to January 1, 2004. Entities are expected to renegotiate their contracts with pharmacy benefit managers and providers to comply with the requirements of SSAP 84 for future reporting periods.

GENERAL INTERROGATORIES

(Responses to these interrogatories should be based on changes that have occurred since the prior year end unless otherwise noted.)

PART 1 - COMMON INTERROGATORIES  
GENERAL

- 1.1

Did the reporting entity implement any significant accounting policy changes which would require disclosure in the Notes to the Financial Statements?

Yes ☐ No ☒
- 1.2

If yes, explain:
- 2.1

Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes ☐ No ☒
- 2.2

If yes, has the report been filed with the domiciliary state?

Yes ☐ No ☐
- 3.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes ☐ No ☒
- 3.2

If yes, date of change:

If not previously filed, furnish herewith a certified copy of the instrument as amended.
4.

Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes ☐ No ☒

If yes, complete the Schedule Y - Part 1 - organizational chart.
- 5.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes ☐ No ☒
- 5.2

If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

6.

If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?

Yes ☐ No ☐ NA ☒

If yes, attach an explanation.
- 7.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2002
- 7.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/1999
- 7.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

10/06/2000
- 7.4

By what department or departments?

OFFICE OF FINANCIAL AND INSURANCE COMMISSIONER, STATE OF MICHIGAN
- 8.1

Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? (You need not report an action, either formal or informal, if a confidentiality clause is part of the agreement.)

Yes ☐ No ☒
- 8.2

If yes, give full information:
- 9.1

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes ☐ No ☒
- 9.2

If response to 9.1 is yes, please identify the name of the bank holding company.
- 9.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes ☐ No ☒
- 9.4

If response to 9.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 OTS	6 FDIC	7 SEC

GENERAL INTERROGATORIES  
INVESTMENT

10.1 Has there been any change in the reporting entity's own preferred or common stock? ..... Yes [ ] No [X]

10.2 If yes, explain:  
.....

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) ..... Yes [ ] No [X]

11.2 If yes, give full and complete information relating thereto:  
.....

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: .....\$ .....

13. Amount of real estate and mortgages held in short-term investments: .....\$ .....

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? ..... Yes [ ] No [X]

14.2 If yes, please complete the following:

	1	2
	Prior Year-End Statement Value	Current Quarter Statement Value
14.21 Bonds .....	\$ .....	\$ .....
14.22 Preferred Stock .....	\$ .....	\$ .....
14.23 Common Stock .....	\$ .....	\$ .....
14.24 Short-term Investments .....	\$ .....	\$ .....
14.25 Mortgages, Loans or Real Estate .....	\$ .....	\$ .....
14.26 All Other .....	\$ .....	\$ .....
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26).....	\$ .....0	\$ .....0
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above .....	\$ .....	\$ .....
14.29 Receivable from Parent not included in Lines 14.21 to 14.26 above .....	\$ .....	\$ .....

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? ..... Yes [ ] No [X]

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? ..... Yes [ ] No [X]

If no, attach a description with this statement.

16. Excluding items in Schedule E, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Part 1 - General, Section IV.H - Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? ..... Yes [ ] No [X]

16.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1	2
Name of Custodian(s)	Custodian Address

16.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1	2	3
Name(s)	Location(s)	Complete Explanation(s)

16.3 Have there been any changes, including name changes in the custodian(s) identified in 16.1 during the current quarter? ..... Yes [ ] No [X]

16.4 If yes, give full and complete information relating thereto:

1	2	3	4
Old Custodian	New Custodian	Date of Change	Reason

16.5 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1	2	3
Central Registration Depository	Name(s)	Address

SCHEDULE A - VERIFICATION

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	48,278	61,152
2. Increase (decrease) by adjustment .....	(3,219)	(12,874)
3. Cost of acquired .....		0
4. Cost of additions to and permanent improvements .....		0
5. Total profit (loss) on sales .....		0
6. Increase (decrease) by foreign exchange adjustment .....		0
7. Amount received on sales .....		0
8. Book/adjusted carrying value at end of current period .....	45,060	48,278
9. Total valuation allowance .....		0
10. Subtotal (Lines 8 plus 9) .....	45,060	48,278
11. Total nonadmitted amounts .....	20,277	7,241
12. Statement value, current period (Page 2, real estate lines, Net Admitted Assets column)	24,783	41,037

SCHEDULE B – VERIFICATION

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	0	0
2. Amount loaned during period:		
2.1. Actual cost at time of acquisitions .....		0
2.2. Additional investment made after acquisitions .....		0
3. Accrual of discount and mortgage interest points and commitment fees .....		0
4. Increase (decrease) by adjustment .....		0
5. Total profit (loss) on sale .....		0
6. Amounts paid on account or in full during the period .....		0
7. Amortization of premium .....		0
8. Increase (decrease) by foreign exchange adjustment .....		0
9. Book value/recorded investment excluding accrued interest on mortgages owned at end of current period .....	0	0
10. Total valuation allowance .....		0
11. Subtotal (Lines 9 plus 10) .....	0	0
12. Total nonadmitted amounts .....		0
13. Statement value of mortgages owned at end of current period (Page 2, mortgage lines, Net Admitted Assets column)	0	0

SCHEDULE BA – VERIFICATION

Other Invested Assets Included in Schedule BA

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	0	0
2. Cost of acquisitions during period:		
2.1. Actual cost at time of acquisitions .....		0
2.2. Additional investment made after acquisitions .....		0
3. Accrual of discount .....		0
4. Increase (decrease) by adjustment .....		0
5. Total profit (loss) on sale .....		0
6. Amounts paid on account or in full during the period .....		0
7. Amortization of premium .....		0
8. Increase (decrease) by foreign exchange adjustment .....		0
9. Book/adjusted carrying value of long-term invested assets at end of current period .....	0	0
10. Total valuation allowance .....		0
11. Subtotal (Lines 9 plus 10) .....	0	0
12. Total nonadmitted amounts .....		0
13. Statement value of long-term invested assets at end of current period (Page 2, Line 7, Column 3)	0	0

SCHEDULE D - VERIFICATION

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	1,000,000	1,004,000
2. Cost of bonds and stocks acquired .....		890,000
3. Accrual of discount .....		
4. Increase (decrease) by adjustment .....		
5. Increase (decrease) by foreign exchange adjustment .....		0
6. Total profit (loss) on disposal .....		0
7. Consideration for bonds and stocks disposed of .....		894,000
8. Amortization of premium .....		
9. Book/adjusted carrying value, current period .....	1,000,000	1,000,000
10. Total valuation allowance .....		0
11. Subtotal (Lines 9 plus 10) .....	1,000,000	1,000,000
12. Total nonadmitted amounts .....		0
13. Statement value .....	1,000,000	1,000,000

STATEMENT AS OF MARCH 31, 2004 OF THE CAPE HEALTH PLAN, INC.

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity  
During the Current Quarter for all Bonds and Preferred Stock by Rating Class

	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. Class 1 .....	1,000,000				1,000,000	0	0	1,000,000
2. Class 2 .....	0				0	0	0	0
3. Class 3 .....	0				0	0	0	0
4. Class 4 .....	0				0	0	0	0
5. Class 5 .....	0				0	0	0	0
6. Class 6 .....	0				0	0	0	0
7. Total Bonds	1,000,000	0	0	0	1,000,000	0	0	1,000,000
<b>PREFERRED STOCK</b>								
8. Class 1 .....	0				0	0	0	
9. Class 2 .....	0				0	0	0	
10. Class 3 .....	0				0	0	0	
11. Class 4 .....	0				0	0	0	
12. Class 5 .....	0				0	0	0	
13. Class 6 .....	0				0	0	0	
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	1,000,000	0	0	0	1,000,000	0	0	1,000,000

Schedule DA - Part 1  
**NONE**

Schedule DA - Part 2  
**NONE**

Schedule DB - Part F - Section 1  
**NONE**

Schedule DB - Part F - Section 2  
**NONE**

**STATEMENT AS OF MARCH 31, 2004 OF THE CAPE HEALTH PLAN, INC.**

## SCHEDULE S—CEDED REINSURANCE

Showing All New Reinsurers - Current Year to Date

[illegible]



SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

		1	2	Direct Business Only Year-to-Date					
				3	4	5	6	7	8
States, Etc.		Guaranty Fund (Yes or No)	Is Insurer Licensed? (Yes or No)	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefit Program Premiums	Life and Annuity Premiums and Deposit-Type Contract Funds	Property/Casualty Premiums
1. Alabama .....	AL	No	No						
2. Alaska .....	AK	No	No						
3. Arizona .....	AZ	No	No						
4. Arkansas .....	AR	No	No						
5. California .....	CA	No	No						
6. Colorado .....	CO	No	No						
7. Connecticut .....	CT	No	No						
8. Delaware .....	DE	No	No						
9. District of Columbia .....	DC	No	No						
10. Florida .....	FL	No	No						
11. Georgia .....	GA	No	No						
12. Hawaii .....	HI	No	No						
13. Idaho .....	ID	No	No						
14. Illinois .....	IL	No	No						
15. Indiana .....	IN	No	No						
16. Iowa .....	IA	No	No						
17. Kansas .....	KS	No	No						
18. Kentucky .....	KY	No	No						
19. Louisiana .....	LA	No	No						
20. Maine .....	ME	No	No						
21. Maryland .....	MD	No	No						
22. Massachusetts .....	MA	No	No						
23. Michigan .....	MI	No	Yes			34,620,520			
24. Minnesota .....	MN	No	No						
25. Mississippi .....	MS	No	No						
26. Missouri .....	MO	No	No						
27. Montana .....	MT	No	No						
28. Nebraska .....	NE	No	No						
29. Nevada .....	NV	No	No						
30. New Hampshire .....	NH	No	No						
31. New Jersey .....	NJ	No	No						
32. New Mexico .....	NM	No	No						
33. New York .....	NY	No	No						
34. North Carolina .....	NC	No	No						
35. North Dakota .....	ND	No	No						
36. Ohio .....	OH	No	No						
37. Oklahoma .....	OK	No	No						
38. Oregon .....	OR	No	No						
39. Pennsylvania .....	PA	No	No						
40. Rhode Island .....	RI	No	No						
41. South Carolina .....	SC	No	No						
42. South Dakota .....	SD	No	No						
43. Tennessee .....	TN	No	No						
44. Texas .....	TX	No	No						
45. Utah .....	UT	No	No						
46. Vermont .....	VT	No	No						
47. Virginia .....	VA	No	No						
48. Washington .....	WA	No	No						
49. West Virginia .....	WV	No	No						
50. Wisconsin .....	WI	No	No						
51. Wyoming .....	WY	No	No						
52. American Samoa .....	AS	No	No						
53. Guam .....	GU	No	No						
54. Puerto Rico .....	PR	No	No						
55. U.S. Virgin Islands .....	VI	No	No						
56. Canada .....	CN	No	No						
57. Aggregate Other Alien .....	OT	XXX	XXX	.0	.0	.0	.0	.0	.0
58. Total (Direct Business)		XXX	(a) 1	0	0	34,620,520	0	0	0
DETAILS OF WRITE-INS									
5701. ....									
5702. ....									
5703. ....									
5798. Summary of remaining write-ins for Line 57 from overflow page .....				.0	.0	.0	.0	.0	.0
5799. Totals (Lines 5701 thru 5703 plus 5798) (Line 57 above)				0	0	0	0	0	0

(a) Insert the number of yes responses except for Canada and Other Alien.

**SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
**PART 1 - ORGANIZATIONAL CHART**

Susan Sarin  
Ultimate Controlling Party (UCP)

HCLB, Inc.  
Holding Company  
Tax ID: 38-3535959

Subsidiaries:

CAPE health Plan, Inc.  
Licensed HMO - State of Michigan  
Tax ID - 38-2455176

Springwater Management, Inc.  
Tax ID: 38-3300867

Cape Management, Inc.  
Tax ID: 38-3511552

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing on "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory question.

RESPONSE

1. Will the SVO Compliance Certification be filed with this statement?

.....YES.....

Explanation:

Bar Code:

**OVERFLOW PAGE FOR WRITE-INS**

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 1

NONE

Schedule B - Part 2

NONE

Schedule BA - Part 1

NONE

Schedule BA - Part 2

NONE

Schedule D - Part 3

NONE

Schedule D - Part 4

NONE

Schedule DB - Part A - Section 1

NONE

Schedule DB - Part B - Section 1

NONE

Schedule DB - Part C - Section 1

NONE

Schedule DB - Part D - Section 1

NONE

**STATEMENT AS OF MARCH 31, 2004 OF THE CAPE HEALTH PLAN, INC.**

## SCHEDULE E - PART 1 - CASH

[illegible]